

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018341 AB

**DOCUMENT # B98000000306**



**FILED**  
03 APR -8 AM 7:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

1. Entity Name <b>8600 ASSOCIATES LIMITED PARTNERSHIP</b>	
Principal Place of Business <b>6735 TELEGRAPH ROAD, SUITE 110 BLOOMFIELD HILLS MI 48301</b>	Mailing Address <b>6735 TELEGRAPH ROAD, SUITE 110 BLOOMFIELD HILLS MI 48301</b>



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>38-2644054</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DANIELS, ALAN H</b> <b>800 NORTH MAGNOLIA AVE., SUITE 1500</b> <b>ORLANDO FL 32803</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$53,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	--

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000002750	STREET ADDRESS	<b>600015462116</b>
NAME	8600 CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	6735 TELEGRAPH ROAD, SUITE 110		
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8600 CORPORATION, GEN. PARTNER  
**GOLDBERG IS PRESIDENT**      3/31/03      248 594-1000  
Date      Daytime Phone #

CR2E003 (10/02)